

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF CAMBRIDGE

BUSINESS CERTIFICATE

IN CONFORMITY WITH THE PROVISIONS OF CHAPTER ONE HUNDRED AND TEN, SECTION FIVE OF THE GENERAL LAWS, AS AMENDED THE UNDERSIGNED HEREBY DECLARE(S) THAT A BUSINESS IS CONDUCTED UNDER THE TITLE OF:

IS CONDUCTED AT _____
(Physical location of business, No Post Office Boxes)

TYPE OF BUSINESS: _____

BUSINESS TELEPHONE NUMBER AND OR E-MAIL (Optional) _____

PLEASE CIRCLE ONE: **NEW BUSINESS** **RENEWAL**

BY THE FOLLOWING NAMED PERSON(S): **(INCLUDES CORPORATE NAME AND TITLE IF CORPORATE OFFICER)**

FULL NAME	RESIDENCE
_____	_____
_____	_____
_____	_____

SIGNATURE:

_____	_____
_____	_____

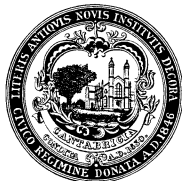
DATE: _____ **COUNTY:** _____

PERSONALLY APPEARED _____, **PROVED TO ME THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION, WHICH WAS** _____
TO BE THE PERSON WHOSE NAME IS SIGNED ON THE DOCUMENT AND MADE OATH THE FOREGOING STATEMENT IS TRUE.

NOTARY/CLERK
MY COMMISSION EXPIRES:

IN ACCORDANCE WITH THE PROVISION OF CHAPTER 337 OF THE ACTS OF 1985 AND CHAPTER 110, SECTION 5 OF MASSACHUSETTS GENERAL LAWS, BUSINESS CERTIFICATES SHALL BE IN EFFECT FOR FOUR YEARS FROM THE DATE OF ISSUE AND SHALL BE RENEWED EACH FOUR YEARS THEREAFTER. A STATEMENT UNDER OATH MUST BE FILED WITH THE CITY CLERK UPON DISCONTINUING, RETIRING, WITHDRAWING OR CHANGE OF LOCATION OF BUSINESS OR RESIDENCE FROM SUCH BUSINESS OR PARTNERSHIP.

CERTIFICATE EXPIRES



CITY OF CAMBRIDGE

489 BROADWAY, CAMBRIDGE, MA. 02138
TEL. (617) 349-4900 FAX (617) 349-3394
www.cambridge911.org

EMERGENCY COMMUNICATIONS DEPARTMENT

Emergency Contact Information Worksheet City of Cambridge 911 Center

The Cambridge 911/Emergency Communications Center receives all 911 calls and dispatches all Police, Fire, and EMS vehicles to emergencies in the city. In the event of an emergency after business hours we may need to quickly contact a business owner, manager, or other authorized person who can respond with keys to a property, reset a ringing alarm, provide helpful information, represent an owner's interests, or secure the property after a fire or break-in. We have developed a computer file to manage this information and are soliciting updated information about contact persons for your business.

Please fill-in the information below, providing us with at least two contact names (preferably three) so that a notification can always be made. The contact information will be kept confidential in the Center and only used for notification purposes by the Center and/or Police or Fire personnel.

BUSINESS NAME: _____

ADDRESS IN CITY: _____ PHONE: _____

TYPE OF BUSINESS: _____ (OFFICE, GAS STATION, etc.)

EMERGENCY CONTACTS:

1. **Owner: Last Name:** _____ **First:** _____

Address: _____ City: _____

Evening/Night Phone (including Area Code): _____

2. Name: **Last Name:** _____ **First:** _____

Address: _____ City: _____

Evening/Night Phone(Including Area Code): _____

3. Name: **Last Name:** _____ **First:** _____

Address: _____ City: _____

Evening/Night Phone (including Area Code): _____

Person Completing Form: _____ Date: _____

Office Use Only: Date Entered:

By:

MAIL OR FAX TO THE ABOVE LOCATION/FAX NUMBER